POLITICAL COMMUNICATION: PUBLIC HEALTH IN THE INAUGURATION SPEECHES OF FORMER HEALTH MINISTERS OF BRAZIL (1995-2016)

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Abstract: The objective was to identify the discursive transformations and understand intentions and ideological influences on the improvement of Brazilian Public Health, contained in the inaugural speeches of former Health Ministers (1995-2016). Historical and documentary research, with a qualitative approach. The hermeneutic-dialectic method was used as a theoretical-methodological framework. The speeches had structural similarities related to the symbolic ceremonial rite in which they were delivered, classified into: understood concepts; identified challenges and defined proposals. No major ideological ruptures on health were identified between government platforms (PT and PSDB), only different approaches in a period of consolidation and improvement of the SUS, with maintenance of a similar operational management line, gradual distancing from the project of Brazilian Health Reform and subordination to the economic logic of health production.

Keywords: Speeches; History; Public Health; Politics; Health police.

1 INTRODUCTION

Discourse, by definition, can be understood as a particular mode of linguistic unit and a focalization on the use of language (SCHIFFRIN, 1994). The concept of discourse outside of the field of linguistics resonates with certain constructivist currents, in particular, sociology of knowledge. It is conceived as an organization beyond the phrase, in several strands, a form of action governed by patterns, interactive and contextualized, assumed by subjects in the core of interdiscursive relations, since its construction is considered to be socially dependent (MAINGUENEAU, 2014).

From this conceptual and epistemic perspective, discourse has "effects of truth that in themselves are not true or false" (FOUCAULT, 1982, p. 7), since:

> It appears as an asset — finite, limited, desirable, useful — that has its own rules of appearance, but also its own conditions of appropriation and operation; an asset that consequently, from the moment of its existence (and not only in its ' practical applications'), poses the question of power; an asset that is, by nature, the object of a struggle, a political struggle. (FOUCAULT, 1972, p. 120)

That way, it is considered that *"*Any enunciation, however innocent, might have a

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political meaning from the moment the situation allows it to. It is not, therefore, the discourse which is political, but the communication situation which makes it so" (CHARAUDEAU, 2018, p. 39). In this sense, among the settings wherein this thought is produced, there is the one which considers speech an "act of communication", such as those structured at government events, for instance, since "political discourse results from the subtle mixture between the word that must found policy and the one that must manage policy" (CHARAUDEAU, 2018, p. 45).

In the context of perfecting and managing the Unified Health System (SUS), from March 1990 to April 2016, 18 political actors, in mandates of five distinct presidents, were appointed Ministers of Health (MINISTÉRIO DA SAÚDE, 2014). Their permanence in office ranged from less than a year (Negri, Felipe and Álvares) to almost four (Serra and Temporão) (Ministry of Health, 2014), and all 18 of them fulfilled the ceremonial rite of transmission of office, ruled by the law n. 70.274/1972 (BRASIL, 1972).

In the specific case of transmission ceremonies of office between Ministers of Health in Brazil, one of the main moments is the discursive institutional enunciation, that is, the inaugural speech. Here, ideas and positions are verbalized to the public, always in a logic of projection of actions that, in thesis, will ensure the common social good, since the decision-maker, through speech, "[...] not only drafted a project wherein they describe the end to be achieved, but, moreover, made the decision to engage in the realization of these deeds by which they are, from that moment, fully responsible" (CHARAUDEAU, 2018,p.17).

Thus, considering the discursive content and its representativeness in the political-ideological field (PIMENTEL; PANKE, 2020), as well as its role and consequent collaborations around the improvement of SUS in the last 30 years, the present study looks to analyze speeches of former Health Ministers of Brazil who acted between the years 1995 and 2016.

This analysis intends to contribute with theoretical substrates to understand the discursive changes, their intentions and the influence of political communication in the consolidation and improvement of SUS. Consequently, improvement in Brazilian public health in general, considering there are few studies dedicated to the theme, (PIMENTEL; PANKE, 2020; IACOMINI JUNIOR; CARDOSO; PRADO JUNIOR, 2018; PISTORI, 2018), and none that is dedicated to the specific analysis of discourses of federal health executives, whether in possession, transmission of possession and in numerous other possible situations.

2 METHODOLOGY

This is a historical and documentary study of qualitative approach. The time frame of the study is from 1995 to 2016, justified by the fact that over this period, during which Brazil had 3 different presidents and 12 Ministers responsible for healthcare (BRASIL, 2014), there were democratic stability and continuity in the actions of the Ministry of Health, which made it possible for the genesis, implementation and improvement of numerous federal health initiatives and

programs under SUS.

The documentary corpus used here was made up of speeches from eight former Health Ministers, made during their inaugural ceremony. These speeches were selected and subsequently printed, after digital consultations to the Library of the Federal University of Londrina, Library of the Ministry of Health and the Ministry of Health website, between the years 2018 and 2020.

Although the time frame is determined between 1995 and 2016, the inauguration speeches refer to 8 former Health Ministers (Table 1), and speeches of Ministers acting in this period, such as Adib Jatene, José Carlos Seixas, José Saraiva Felipe and José Agenor were not included, since the researchers, despite their best efforts, could not obtain copies of the above mentioned documents.

The theoretical-methodological reference of analysis was the hermeneutic-dialectical method (MINAYO, 2006). This method supports the researcher's agency before the analysis of discourse, since it transits and operates from the unique characteristics of hermeneutics – in which the structure reaches its concretion in the historical approach, providing understanding of texts under the conditions in which they emerge – and of dialectics –, considering the premise that language is a communication tool in which seemingly similar meanings express and hide the conflicting reality of inequalities, domination, exploitation, resistance and compliance (MINAYO, 2006).

In her proposition, Minayo (2006) divides the analytical process in three stages: (1) data ordering, (2) data rating and (3) final analysis.

Thus, with 8 speeches printed in hand, they were organized and sorted out chronologically, followed by analytical reading, which allowed a preemptive classification, revealing superficial differences and homogeneities. After sorting them out, the classification process began with exhaustive horizontal readings of each of the speeches separately, discriminating in a digital file each of the initial impressions of the speeches, which allowed for construction and documentation of empirical categories.

Once finished with the horizontal reading process, a transverse reading began. In this stage, units of meaning based on more relevant, present and common themes were identified and created in all 8 speeches, which prompted an extraction of excerpts related to their respective themes, subsequently compiled and in turn regrouped and categorized. At the end of the sorting stage, with the categories well defined, the process of critical perspective analysis of the findings was carried out, in association with the relevant scientific literature. Table 1 presents the list of Brazil's Health Ministers included in the study.

Table 1 – Gallery of Brazil's Health Ministers included in the study

Name	Time in the Ministry	Political Party	President	BIOGRAPHY
Carlos César Silva de Albuquerque	13/12/1996 30/03/1998	PSDB	Fernando Henrique Cardoso	Born in Barra do Ribeiro-RS (19/07/1940). Medicine School of the Federal University of Rio Grande do Sul (1966) graduate. Presided Hospital das Clínicas de Porto Alegre. Passed in 18/03/2005.
José Serra	31/03/1998 20/02/2002	PSDB	Fernando Henrique Cardoso	Born in São Paulo-SP (19/03/1942). Civil Engineer graduate at University of São Paulo (1964). Federal Deputy and Governor of São Paulo. Current Senator.
Barjas Negri	21/02/2002 31/12/2002	PSDB	Fernando Henrique Cardoso	Born in São Paulo-SP (08/12/1950). Economics degree, with Master's and Doctor's degrees at UNICAMP-SP. Executive Secretary at FNDE, Executive Secretary at Ministry of Health and Mayor of Piracicaba.
Humberto Sergio Costa Lima	01/01/2003 08/07/2005	PT	Luís Inácio Lula da Silva	Born in Campinas-SP (07/07/1957). Journalism and Medical School graduate, post-graduate in Clinical Medicine (FCM-UPE) and in Community General Medicine and Psychiatry (UFPE). Councilman and Health Secretary at Recife-PE, State and Federal Deputy. Current Senator.
José Gomes Temporão	16/03/2007 31/12/2010	PMDB	Luís Inácio Lula da Silva	Born in Merufe, Portugal (20/10/1951). Medical School graduate (UFRJ), Master's in Public Health and Doctor's in Collective Health. National Secretary of Health Care (SAS) in 2005. Currently, Senior Lecturer and Retired Researcher at Fundação Oswaldo Cruz.
Alexandre Rocha Santos Padilha	01/01/2011 02/02/2014	PT	Dilma Vana Rousseff	Born in São Paulo-SP (14/09/1971). Graduate of the Medical Sciences School of UNICAMP, with specialization in infectology from FMUSP. Former National Director of Indigenous Health of the Ministry of Health (2004-2005). Current Federal Deputy of São Paulo.
Ademar Arthur Chioro dos Reis	03/02/2014 02/10/2015	PT	Dilma Vana Rousseff	Born in Santos-SP (05/12/1963). Medical School Graduate and Master's degree in Collective Health at Medical Sciences School of Unicamp, and Doctor's degree at Collective Health from UNIFESP. Former Director of the Department of Specialized Care in the Ministry of Health (2003-2005) and Secretary of Health in São Bernardo do Campo-SP. Currently, he is a professor at the São Paulo School of Medicine /UNIFESP.
Marcelo Costa e Castro	02/10/2015 27/04/2016	PMDB	Dilma Vana Rousseff	Born in São Raimundo Nonato-PI (09/06/1950). Graduate of the Medical School of University of Piauí and Doctor in Psychiatry from UFRJ. Former Federal and State Deputy for several mandates. Currently, Senator.

Source: Brazil, 2014.

3 RESULTS AND DISCUSSION

The speeches hold structural similarities, relating to the ceremonial rite for which they were elaborated. They followed a logic in which they sequentially presented thanks to the President, waves to political allies and representative organs, flattering regarding the indication, conceptualization of matters related to health, management, and SUS, in addition to discrimination of challenges and proposals of actions to face them.

Therefore, it was possible to construct, describe and analyze three thematic categories: *outlined concepts*, *anticipated challenges* and *defined proposals*.

3.1 Outlined Concepts

The term "concept", from the latim *conceptus*, means "thing conceived or formed in the mind", even though in natural language it might have different interpretations – of notion, judgment, opinion, idea or thought -, in addition to designating a phenomenon that is seized by the individual, and its function is determined by a context (MACULAN; LIMA, 2017; FERRATER-MORA, 2004). In addition to this definition, it can be said the concept is "every process that makes possible the description, classification and forecasting of cognoscible objects" (ABBAGNANO, 1998, p. 164).

With that said, the concept of health was present in all discourses, and we highlight some that indicate different perspectives by which the action of the representative should be guided. Albuquerque, with a speech that stick close to protocols, short in length, with little more than six hundred words, focused on themes such as decentralization, supplementary health and education, and signaled to a "globalizing", tributary perspective of economic logic:

> In viewing health problems from this globalizing angle, inserted in socioeconomic perspectives, we will be creating conditions to make the health system a participant in this new phase that the country is living in all sectors, with the implementation of the Real Plan and the government of Your Excellency (ALBUQUERQUE, 1997, p. 1).

Negri (2002) had a synthetic and pragmatic speech, with approximately a thousand words, and spoke to achieve goals and make health impact, while Serra (1998, p. 1), in a longer and elaborate speech, with about three thousand, six hundred words and fifteen guiding principles, brought an expanded concept of public health:

> The health of a people, or at least what a people thinks about the general condition of their own health, reflects extremely sensitively on the most diverse aspects of society. Health Conditions are influenced by such disparate factors as the level of employment, salary rates, inflation, family organization forms, traffic accidents, sanitation investments, family hygiene habits, environmental phenomena and, in particular, a set of actions we can call Health Policies, which the Ministry of Health is a vertex of.

Lima presented a speech of nearly two thousand and seven hundred words, so as to

conceptualize health as a result of the ideological logic of the government it represents:

> I take on the Ministry of Health with the clear notion we all share that health is something that results from a set of actions, actions which this government has already expressed the intention of carrying out, in the fields of food, housing, of work, salary, leisure, culture, and also of health actions, where we are going to work (LIMA, 2003, p. 5).

Temporão gave a speech with strong programmatic influences, with about two thousand and seven hundred words and, in turn, placed health and social determination close together: "There are strong scientific evidence that countries that present equity profiles in relation to the standard of life regarding class, gender and race, also present a better level of health" (TEMPORÃO, 2007, p. 7).

Castro presented a speech of about four thousand words, conceptualizing health as a right: "A Brazilian pride is to have *health* recognized by the Constitution as a right, and having established in its structures the social participation, which acts together with the public power in the definition of policies" (CASTRO, 2015, p. 2-3).

Padilha (2011, p. 4), with about nine thousand and nine hundred words, pointed to it as a condition for national development: "[...] Sometimes we have this feeling that health is not at the center of the country's development agenda," and Chioro dos Reis (2014, p. 2), with a long speech of approximately five thousand and eighty words, postulated the commitment to "[...] defend life, more health, more democracy and more freedom".

The concept of health appears in different perspectives, reflecting the conception of the subjects of discourse, but also their governmental political agenda, that is, socioeconomic or global logic, the State as a health producer, and health as a condition of development or constitutionally aligned and, finally, the perspective of social determination as dialectical thinking.

Although only on general lines, Albuquerque (1997, p. 1) took a stance regarding SUS:

> [...]The health system in Brazil is characterized by the medical-bandage model, focused on the treatment of illness and, around which, is a huge bureaucratic structure, which eventually distanced the resource from the necessity, the patient from therapy and the citizen from health.

And Negri (2002, p. 2-3) said: "[...] The task of building the Unified Health System is not a flag of some, as many still believe, but of all those who combine the ability to understand the difficulties that afflict the population to the competence to face them". Thus, he indicated, right in the inauguration speech, that the defense of SUS was not a commission/privilege of some. That is, strategically, he sought to position and legitimize himself as one of the "new builders" of SUS, alongside those who participated in the project of Brazilian health reform, movement born within the social, student, academic, trade union movements and health professionals, incorporated by the State after the 1988 Constitution (PAIM, 2017). Furthermore, this statement seems to be an

ideological political expression of approximation with the party logic and the FHC government agenda.

In this government, the concept of SUS was gradually being built around an inaugural logic of exploration, of discovery of a fruitful land, but which required concrete attitudes, aligned with a managerial administrative perspective, since the functioning of this system was considered inefficient and bureaucratic, thus managers needed to make it modern and efficient.

Lima (2003, p. 6) pointed out the need for SUS to become a "hegemonic policy" because it was "an example of the reform that needs to be done in many countries," while José Gomes Temporão (2007, p. 4) understood that "SUS is a state policy, therefore, suprapartisan," especially because "the moment that SUS traverses today is linked to the dynamics of the industrial health complex, composed of structuring and functioning processes that can be contradictory and paradoxic to a social policy whose premises are universality and equity".

Padilha (2011, p. 4) pointed out: "[...]We are fully aware of the importance of SUS and the Health area for the country's national development agenda, we are fully aware that there would be no reduction in social inequality without this great project of social inclusion called SUS [...]".

Chioro e Castro presented different concepts of SUS: "After all, SUS is a patrimony, a civilizing milestone for the production of a healthier, fairer and more supportive society. But it is necessary to remember that this is an ethical-political project in dispute, it is not absolute" (REIS, 2014, p. 13), and "SUS is the portrait of the new way to govern, where nothing is isolated and everything is composed in the public interest" (CASTRO, 2015, p. 6).

Among the former Ministers of Lula's administration, the concept of SUS was aligned with qualifications such as complexity and credibility, being defined as an example of health policy for other countries and as an inclusive social policy, suprapartisan, in the complex and paradoxical socioeconomic bulge of health production. In the Dilma Government, former Ministers reiterated the importance of the universal model with a mild criticism, more aligned with its definition of social heritage, an inclusive project, a civilizing milestone of public interest, and Chioro added that the system was still not consolidated, but in constant ethical-political dispute. In the relationship between these ministerial representations, it is worth remembering Jairnilson Paim (2017), in his already historical work on the Brazilian sanitary reform, which reinforces the conception that it was, and continues to be, a counter-hegemonic struggle, in which governments, including left wing ones, over years of management, have flexibilized its principles and guidelines to adjust to economic imperatives and corporative demands.

3.2 Challenges identified

Communication on political speeches often points out the narrative of challenges to be overcome by the discourse subject's work project - Health Ministers. Thus, the challenges that emerge in discursive analysis allow us to glimpse at strategies or key points to be prioritized in

management.

Albuquerque (2017, p. 1) pondered that “the magnitude of the challenge disables rhetorical eloquence, easy promises and inconsequential optimism,” but soon added: “We reaffirm, in this opportunity, the conviction that it is possible for the public sector to offer a decent, efficient health service quality”.

Serra (1998, 1/3), in turn, indicated: “[...] Today's challenge, which I face at 56 years of age, is the largest of all,” since “what we need is for it to work better. Incidentally, this is the synthesis of our program: making health services function better”, while Negri (2002, p. 2) claimed that it is necessary “[...] to be constantly alert to face new challenges, and willing to overcome them. Above all, the struggle to expand public health resources should never be abandoned”. Noticeably, former FHC ministers have aligned bureaucratic and inefficient management as the main challenges identified, always referring to managerial administration, defined by qualifiers such as quality, efficiency and rationality.

In the statements about public administration, it was imperative to transform the bureaucratic culture of the State into a managerial culture, which represents part of the agenda of Federal Administration and Administrative Reform Minister, Bresser Pereira, who in 1995 presented the State Reform Master Plan, made viable by a constitution amendment in 1998. Among the premises of this reform was the need to change the Brazilian Public Administration model, then in force (PAULA, 2005).

Lima (2003, p. 12) said that, in view of the challenge, he would “[...] rise up to meet not only to the president's trust, who gave me this great responsibility, but the trust of the Brazilian people, who, among other things, want and deserve dignified living and health conditions". And Temporão (2007, p. 2/4), who, “[...]By assuming the Brazilian Ministry of Health, I am immediately challenged to articulate the understanding of the determinants of the health of the Brazilian population, with the set of providences and possible actions within the sectoral governance,” because “the Government of President Lula has made this commitment and will face this challenge”.

Certainly, during this period, the Federal Health Agenda sometimes approached sanitary reform themes, in dialogue with Lula Government's developmental agenda. Temporão’s inaugural speech and management brought a project close to the sanitary conception, and to the idea of social production of the health-disease process and the need to establish mechanisms to promote health (ARAÚJO, 2017).

Padilha (2011, p. 4) considered a greater challenge to insert SUS as a strategy required for the solidity of a broad development project:

> We want the entirety of the Brazilian people to feel part of the fifth economy in the world. And they will not feel part of it if they do not have a health that feels like the health of the world's fifth economy. They will not feel part of it

> if they do not have the Unified Health System that feels like the fifth economy of the world's health system. So, I think this is our main challenge. To actually bring health, with our every effort, to the center of the country's national development agenda.

Chioro dos Reis (2014, p. 4) exposed which challenges would be more important, prioritizing the project initiated by his predecessor:

> We will keep all that Minister Padilha has been brilliantly leading, but we have the challenge - and this is the most important order I received from President Dilma - to further improve the ongoing processes, to innovate where I need to go the extra mile. I do not take the ministry only to complete a temporal cycle. I have the mission, which was given to me by President Dilma – an extremely difficult one - to deepen and expand the excellent work performed by Minister Padilha.

Castro (2015, p. 12/20) presented two main challenges: "[...] the need for public administration to modernize in order to realize their services with agility and quality, and to deepen the structures of SUS", adding: "[...] I accept the challenge, along with the rest of you, of improving the level of health for the Brazilian population. I came to join you on this mission!"

In the Dilma government, challenges expressed followed the logic of linking the highest quality of the health system to the national development economic proposal, as well as improvement and efficiency, and the Minister as a manager figure inserted in the dynamics of the executive.

Although Dilma's Health Ministers have been responsible for the creation and implementation of actions with positive impact on public health, Reis and Paim (2018) argue that the proposed health agenda has maintained programmatic commitments that indicated the continuity of Lula's program and that the policies brought to the surface did not propose significant innovation or represented a commitment to RSB (Brazilian Health Reform) ideals.

Another challenge identified was the permanence of the managerial paradigm in governments subsequent to that of FHC, naturally transmitted to ministerial management and present in the inaugural speeches of health ministers. Paula (2005) states that Lula's government was expected to adopt a societal administrative logic, alternative to FHC's management-based one, but although there were openings in this alignment, it was without the desired tenacity and priority.

3.3 Defined Proposals

The analysis of the inauguration speeches allowed us to see that the interventions proposed by the ministers sought essentially to establish an identity for the administration agenda.

Albuquerque was more economical and little objective in the concrete proposals of his management; at the time, he told the press that the health problem would not be the "lack of resources, but rather the way to administer them" (ELIAS, 1997, p. 205). In his inauguration

speech, he said:

> We will commit all our work capacity and experience towards an efficient administration, to enhance the fight against waste, fraud and idleness, thus making the good use of the resources we have, ensuring that each Real spent on health produces the most for citizens (ALBUQUERQUE, 1997, p. 2).

In order to rationalize resources, one of the measures of his management was a project sent to the Chamber of Deputies in 1997, trying to reimburse SUS of the resources spent with people who have health plans. The proposal was not consolidated, but it meant to create a private-public fund of about R$ 3 billion to finance high-cost treatments, which health plans did not cover and whose expenses were borne by SUS (COSTA, R., 2002).

Serra (1998, 5) revealed himself to be a little more pragmatic: "The first consists of the formation of family health teams consisting of a doctor, two nursing assistants and six municipal health agents, with the purpose of seeing more or less a thousand families each. We already have 1,600 teams in Brazil". In addition, he directed his attention to supplementary health:

> We must transform the quality of health care into a true national obsession. We will invite each great Brazilian company that has already obtained excellence in quality to deploy and supervise total quality methods in public hospitals (SERRA, 1998, p. 6).

Between 1998 and 2001, during Serra's management, the Ministry of Health did become a political force, or, better yet, an important political asset of negotiation and projection, since, until then, it had been an important and strategic ministry, but less representative. This was not accidental. In addition to the public appeal for improving health conditions in those circumstances, between names such as Pedro Malan and Paulo Renato de Souza as potential successors of FHC, Serra was chosen, showing *a posteriori* the presidential support to the genesis and implementation of broad federal policies in his administration (COSTA, R., 2002).

As stated in his speech, the proposal to expand the Family Health Program (PSF) was one of his many achievements, such as others regarding regulatory agencies, generic medicines, tobacco and AIDS (Pasch et al., 2006). In the case of the PSF, which expanded the actions of the Community Agents Program (CAP) between 1996 and 2000, teams increased from 2,000 to 7,981 and community health agents went from 34,000 to 128,000 (Draibe, 2003).

Negri (2002, 3/4) referred to the financial and organic austerity of administration, reaffirming continuity to the policies from Serra's administration: "I will spare no efforts to increase the number of family health program teams" and "I will give absolute priority to the increase and diversification of the supply of generic medicines in the market".

Lima (2003, p. 8) maintained the pattern of its predecessors, indicating the weak points he would focus in a programmatic logic, but without concrete or clear proposals, except when he made "[...] the commitment to carry out, still this year, if possible, a National Extraordinary

Health Conference to take stock of these years of the Unified Health System, and also to think the next moment". In fact, it was the only proposal from his inauguration speech that eventually came to realization (ARAÚJO, 2017).

Analyzing the Dynamics of Health Management in the first term of President Lula, with Lima in the ministry, Teixeira and Paim (2005) stated that the perspective of new correlations of forces at the time represented an opportunity for the RSB project to be resumed and reinserted in the agenda of public policies. However, mainly after Lima's administration, sectoral gains in the development of SUS were not enough to advance the sanitary reform process.

Temporão (2007, p. 5) submitted 22 defined proposals; for example, "instituting the National Male Health Policy" and, for reproductive health:

> 8. Strengthening the National Policy of Sexual and Reproductive Rights, with an emphasis on improving obstetric attention, in combating gynecological cancer (the situation of cervical cancer is shameful, 20,000 new cases in 2007), in family planning, in attention to insecure abortions and in combating domestic and sexual violence; also, the prevention and treatment of women living with STD / AIDS (TEMPORÃO, 2007, p. 5).

Although he is considered to have clashed with the big media, it was noticeably insightful of him to highlight the importance of media in society and expose his management, imbued with the progressive conviction of social health thinking. Later, in an interview, he said that "relations with the media have always been one of the biggest challenges", which leads to believing that this relationship was guided by the premise of confrontation, which took into account "the importance of building a collective political awareness in the sense of the Berlinguier sanitary consciousness, to ensure political sustainability for SUS" (TEMPORÃO, 2018, p. 2063).

Another proposal from his first speech was the National Male Health Policy (PNSH), regulated by ordinances of the Ministry of Health published between 2009 and 2011, which guided its implementation in 132 municipalities in the 27 federated units (Schwarz et al., 2012). Years later, Temporão said that, preparing his inauguration speech, it was a proposal that he decided to insert, since he thought it was necessary to focus and, consequently, to face during his administration (HEMMI, 2019).

Padilha (2011, 8/9) had well defined proposals of intervention, alluding to a request from the president himself: "[...] As soon as possible, we can make available in the *Farmácia Popular* (public-funded low priced Drugstores) gratuitous drugs for hypertensive and diabetics all over the country". In addition, he proposed what later became a federal health program, since it already considered: "the effort that was made in seeking to bring and have open spaces for foreign physicians in the country. All measures have to be discussed and we have to open space for this discussion".

Chioro dos Reis (2014, p. 4) pointed to a few proposals, but based his speech on the continuity of actions of the previous management: "Without losing the sense of priority regarding

the program *Mais Médicos*, we will also invest in other categories of higher and technical level, in particular valuing nursing and community health agents." In the speeches of the two Ministers of the Dilma Government, both members of the worker's party (PT), the supply of medical professionals in SUS was brought up, and Padilha included physicians from other countries. Chioro committed to expanding this program, created in previous administrations.

Since the 9th National Health Conference in 1992, there was indication of a national human health resources policy, and in 2011, research from the Applied Economic Research Institute (IPEA) showed that the deficit of these professionals was one of the main problems pointed out by SUS users. Thus, in 2013, something that was embryonic in Padilha's announcement speech was created and called the *Mais Médicos* program, generating conflicts in the government, and implemented, in a year of political effervescence, by the provisional measure n. 621, of July 8th, 2013, converted to Law no. 12,871, from October 22nd, 2013 (ALESSIO; SOUSA, 2017).

Castro (2015, 10) brought to discussion some proposals, referring to the creation of certain policies, but also without much direction or pragmatism, except for: "My plan is to establish the permanent contribution to social security, CPMF, in order to make health safe in its financing and to ensure municipalities and states half of these resources collected by the Union" [20 (10)]. In spite of this, he focused on the description of proposals articulated around ideas and perspectives:

> Our purpose is to improve public-private relations, exercising the public power's role as regulator, supervisor and controller of the private sector, and not allowing the public power to act as supplementary to the private sector, in a reversal of roles (CASTRO, 2015, p. 16).

CPMF is the provisional contribution on financial movement, tax of October 22nd 1996, regulated by law n. 9.311, with recollection of the rate of 0.20%, legally guaranteed until mid-2007 (Costa, R., 2002; France; Côte, N. 2011). In an interview at the time, Castro affirmed the need for that tribute, "sharing everything from CPMF, 50% for the social security of government and 50% for health - 25% for states and 25% for municipalities" (PASSARINHO; MATOSO; ALEGRETTI, 2015, p. 1).

Discussing the financing of health in Brazil is very exhausting in the context of contemporary capitalism (Mendes; Carut; War, 2018). These 30 years of SUS have been marked by the persistence of slim resources, a historical structural sub-financing (Mendes; Carut, 2018). But applying the article 55 of the transitional constitutional provisions of the Federal Constitution, 30% of the resources of social security would be intended for health - which has never happened (MARQUES; MENDES, 2005).

In 1997, Adib Jatene, CPMF's idealizer, stated that it was diverted from its original function, being used to keep the balance of government accounts. Given the sub-financing of the

system (Costa, R., 2002), that goes against the affirmation that considered CPMF the most important source of funding for federal health expenditure, with about 30% of the resources allocated by the Union (France, Côte, N., 2011), and in the period between 1995 and 2015, Mendes (2014) found that the expenditure of the Ministry of Health was not altered, maintaining 1.7% of gross domestic product (GDP), while expenditure on debt interest represented, on average, 7.1%.

As for the identified proposals, with the exception of Albuquerque, who based his speech in an abstract and non-specific logic, the other former ministers, some more than others, proposed concrete actions that they intended to implement and/or to improve. In the speeches of Serra, Padilha and Temporão, the description of the proposals was more elaborate and developed, so much that, years later, some were implemented.

In addition to the above average time in the ministry in relation to the other ministers, Serra, Temporão and Padilha took office at the beginning of the presidential mandates of FHC, Lula and Dilma, respectively, so these three presented construction and discursive elaboration, permeated by challenges and more consolidated and explicit proposals than those who had less time in office, whether for interim or political tensioning.

It cannot be said that by beginning the mandate they developed a more structured speech, since the instability of the ministerial position is a continuous variable, in addition to the technical-political profile of each personality. However, these choices in the beginning of the administration, as recent history shows, probably had more support among political coalition and conviction of the executive chiefs that chose them, which in our understanding justifies greater autonomy and prospecting of future plans, which would support a discursive construction with more freedom and elaboration.

This specific issue is in line with the findings of Ferraz and Azevedo (2011), who took to studying the average time of stay of health ministers in Brazil, identifying how much their mandates are reduced, since, in many situations, they are discontinued from the position despite good performances. That goes against the urgent need for longer mandates, which enable and contemplate long-term health planning, since, in comparison to the health systems of developed countries with high HDI (Human Development Index), the average time of the mandates of Brazilian ministers were considerably inferior.

Another point to consider in the present study is that, although it was not intentional to homogenize and generalize the ministers representing both parties (PT and PSDB), there was a dialogue and, why not say an “ideological proximity” until 1992, as stated by Freitas (2018) despite the divergences of their formation programs. Still, it was only after the management of José Serra, who at the time had already presented a more structured inaugural speech than his predecessor, that the health ministry begins to position itself less as a problem and more like an active political capital, whose level of enhancement and personal signature began to be part of

the following speeches.

We then observed that, although all speeches analyzed keep similarities in construction, the level of discussion and propositions have become more complex and more ambitious in subsequent discourses, with a gradual increase in protagonism from these newly appointed actors, since in addition to influencers and decision-makers, they have become responsible for leading and directing actions, focusing on value aggregation to the Brazilian health system (FERRAZ e AZEVEDO, 2011).

However, among many variables in coalition presidentialism, governed by economic interests, although a natural transformation about discursive positions is expected, there were no major discrepancies of conceptual positions between the first and the last ministerial discourse analyzed. Positions regarding public health and SUS were more rhetorical, reactive and speculative, aligned with the presidential agenda, without the expected announcement of a Suprapartisan State policy, with investments to the height of its real needs and moving closer to the aspirations of accessibility and universality, defended by RSB project enthusiasts.

In this sense, Paim (2018) states that popular democratic projects were not privileged by the political actors who had the opportunity to occupy the federal government after the promulgation of what was then called the Citizen Constitution. According to Paim (2008), since the FHC Government, marked by the macroeconomic adjustment of monetary and privatization stabilization policies, there has been an ongoing State Reform that goes in the opposite direction of the democratic reform postulated by the RSB project, and it was maintained by the governments of PT; for instance, in the Dilma Government, the focus was to reduce public expenditure and maintenance of the sub-financing, with expansion and strengthening of the private sector.

Despite the findings exposed in the last paragraphs, it is considered that from the discursive contents of the former ministers analyzed, especially in their defined proposals, like Monteiro (2018) pointed out, there was a potential transformation in the Brazilian health system. Despite several political-ideological forces that mark their field of dispute boycotting its consolidation, structuring it as a segmented system - inside of which there is SUS, the direct disbursement system and the supplementary health system-, the achievements and advances are innumerable, and among them, the consolidation of public recognition regarding health care as a right, in addition to the expansion and structuring of SUS.

Therefore, the line of thought issued from the present investigation is not one of conformism, yet we must stay realistic on the basis of the identified advances and permanencies, as well as the ruptures still to be carried out. We believe that, at this time, an “analysis of the possible” is what’s required, a weighing that takes into account all that we could have advanced at many points, especially regarding the extension and quality of the system, but not ignoring how much the health system has been perfected and expanded, so much so that in this period, Brazil

decentralized assignments and resources, increasing supply and access to services and health actions, improving health levels (Paim, 2008, 2013). The concrete and unquestionable fact is that the SUS was implemented, but not consolidated (Paim, 2018).

4 CONCLUSIONS

The speeches resemble in format and content, with structural similarities, due to the symbolic ceremonial rite in which they were delivered, and although they were aligned with a protocol, media and political communication, the production of the narrative held on, among other things, to the government agenda, to the demands of the political group of its affiliation, and to personal trajectory, concluding that this production was also collective, responding to ideological and social expectations.

There were no big ruptures identified in health thinking among PT and PSDB government platforms, only different approaches, with maintenance of a similar operational line, subordinate to the economic logic of health production.

We can say that, from Albuquerque to Lima, the discursive content revealed consistency in the projection of measures to consolidate the system, to guarantee its gradual decentralization and, consequently, minimum conditions of access to health care for all Brazilians, issues that were present in the speeches of the ministers that would come to succeeded them; still, those were less of a priority from then on, whether for the improvement and consolidation of the system in many aspects, whether for the need to meet new demands, depending on the political moment and socioeconomic reality.

Even with its party differences and technical origin, the professional and political trajectory of most former health ministers was aligned with the defense of health as a citizen's right and a duty of the State, a basic principle of the RSB. However, no speech refers directly to the RSB, which may indicate certain care, given the multiple relationships and representations that the executive position of Minister presupposes in a government agenda, often permeated by tensions involving economic interests and of other natures.

The content of the concepts and the challenges presented were more revealing than the proposals, which, for the most part, had a generalist tone, and, among those who followed a programmatic logic, few have been implemented. All speeches were aligned with the Government Agenda and enunciated some proposals, but the genesis and the implementation of health actions did not obey a predefined schedule, contemplating in his time in office what was announced in the speech, because other variables (presidential decision, political will, prestige, sanitary crises, lobbies, sectoral appeals, etc.) influenced federal health management and the genesis and implementation of subsequent actions.

Certainly, in these ministerial addresses in which concepts were elaborated, challenges underlined and proposals defined, numerous transformations were identified, since diverse

intentions and influences permeated this conflict. Still, it was evident when comparing discursive contents (concepts, challenges and proposals) in distinct historical moments that, gradually, priorities were changing and situations were being overcome by the actors and the administration they were part of, so that the SUS was implemented and expanded by the technical structure of the Ministry of Health in a continuous period of democratic stability. For the most part, these actions were led by personalities that have been engaged, to a greater or lesser extent, with the RSB movement in their life trajectories, and who have been committed to acting in a minimally compatible way with Republican interests, which is expressed in their discourses and practiced in their time in the Ministry.

The results presented in this article integrate a broad research, which analyzes relationships involving health ministers in Brazil and their influences on the SUS, from the perspective of documentary analysis and oral history. This initiative is expected to stimulate the development of studies that intend on analyzing discourses not only in the field of health, and guided by all sorts of theoretical-methodological perspectives.

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